

**INDIVIDUAL LICENSE/CERTIFICATE
RENEWAL APPLICATION**

PR-PML-141 (REV. 9/03)

Page 1 of 2

DEPARTMENT OF PESTICIDE REGULATION
 PEST MANAGEMENT AND LICENSING BRANCH
 LICENSING AND CERTIFICATION PROGRAM
 1001 I STREET
 SACRAMENTO, CALIFORNIA 95814-2828
 (916) 445-4038
 FAX - (916) 445-4033
 Web site: <http://www.cdpr.ca.gov/>

The mailing address you indicate on this application is your address of record for your license/certificate. Therefore it is public information. You may wish to use a post office box in lieu of the physical address as an address of record.

Name: _____

Address: _____

City, State, Zip: _____

License/Certificate Number, Type, and Category(ies)CE Hours and Fee Per License/Certificate:

Laws	Aerial	Other	Total CE	Fee	w/50% Late Fee (after Dec. 31)

Submit total CE Hours and Fee(s) to renew all listed licenses: _____

IMPORTANT - PLEASE READ**SUBMIT BY NOVEMBER 1 TO RECEIVE YOUR LICENSE OR CERTIFICATE BY JANUARY 1****YOUR LICENSE WILL BE DELAYED IF ANY PART OF THE RENEWAL APPLICATION PACKET IS INCOMPLETE****ALL CONTINUING EDUCATION HOURS MUST BE OBTAINED BY
DECEMBER 31 OF THE LICENSE/CERTIFICATE EXPIRATION YEAR**

NOTE: The Department of Pesticide Regulation has established time periods for processing permit applications in compliance with Government Code Sections 15374 - 15378. Failure to comply with these time periods may be appealed to the Secretary for Environmental Protection, California Environmental Protection Agency, P.O. Box 2815, Sacramento, CA 95812-2815, pursuant to the regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order a reimbursement of filing fees.

☐ **CHECK IF CHANGE OF NAME OR ADDRESS** Section 6508 of Title 3, California Code of Regulations requires every person to whom a license or certificate is issued to immediately notify the Director of any change in name, address, business organization, or any other matter shown in the application. Licenses and certificates are not transferable, and in case of a change of business organization or ownership, a new application and fee are required. INDICATE CHANGES ON THIS FORM.

SIGN AND DATE the Renewal Application form. The Department requests your Social Security Number (SSN) as an alternate method of applicant identification. This is not public information and will not appear on any publication. Providing your SSN is strictly voluntary in accordance with the Privacy Act of 1974 (PL93-79).

FEES Please see Page 2 (instructions) to determine fees based on your license or certificate type. Enclose a check/money order/credit card payment for the total amount due payable to: Cashier, Department of Pesticide Regulation. **ALL FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.** Mail the payment, completed application form, and all required documents in the enclosed envelope to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, CA 95812-4015

QUESTIONS? Your name and license/certificate number will be posted to DPR's web site <http://www.cdpr.ca.gov/docs/license/currlic.htm> as soon as your renewal application is approved. For other questions about your application, contact the Licensing and Certification program at the telephone number shown at the top of this application.

I declare under penalty of perjury under the laws of the State of California that the information provided by me is true and correct.

SIGNATURE_____
SSN (OPTIONAL)_____
DATE

FOR OFFICIAL USE ONLY

IMPRINT

RENEWED

PROBLEM

DATA ENTRY

INDIVIDUAL LICENSE/CERTIFICATE RENEWAL APPLICATION INSTRUCTIONS

PR-PML-141 (REV. 9/03)

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RENEWAL TIME LINE

Renewal time lines have been established to help determine when you may expect to receive your license or certificate based on the date your renewal application is received by the Licensing and Certification Unit. If your application is incomplete, it will delay processing time anywhere from 2 to 4 weeks or more depending on the nature of the problem(s).

DATE RECEIVED BY LICENSING & CERTIFICATION	LICENSE OR CERTIFICATE MAILED BY:
Prior to or on September 30	November 15
Prior to or on October 31	December 16
Prior to or on November 29	January 17
Prior to or on December 31	February 18
Prior to or on January 31	March 14

CHECK LIST: This list will help ensure that your renewal application is complete prior to mailing

- ☐ **Change of Name/Address** Section 6508, Title 3 of the California Code of Regulations (3CCR) requires all license/certificate holders to notify the Department of Pesticide Regulation (DPR) immediately of any business name or address change. Indicate any corrections that appear on the renewal form in the space provided.
- ☐ **Submit a record of the total continuing education (CE) hours** required as stated on the renewal application form to renew your licenses/certificates. The CE hours must be DPR approved and obtained during the valid period of your license/certificate. The specific CE hour requirements are only minimums. If you possess multiple licenses/certificates, your CE hours do run concurrent. They may be exceeded, however, they cannot be carried over to your next renewal period.
- ☐ **Medical Certificate Card (Apprentice and Journeyman Pilots Only)** Submit a copy of your valid medical certificate card issued by the Federal Aviation Administration. DPR requires this information to determine compliance with Food and Agricultural Code Section 11901.
- ☐ **Social Security Number (Optional)** DPR requests your Social Security Number (SSN) as an alternate method of applicant identification. Your SSN is not public information and will not appear on any publication. Providing your SSN is strictly voluntary in accordance with the Federal Privacy Act of 1974 (PL93-79).
- ☐ **Pay fee** for each license/certificate as totaled on the renewal form. A late fee of fifty percent (50%) of the total renewal fee will be assessed for each license and/or certificate **postmarked after December 31**.

License Fees (2 Year)

Agricultural Pest Control Adviser	\$140.00	Qualified Applicator Certificate	\$60.00
Qualified Applicator License	\$120.00	Dealer/Designated Agent License	\$50.00
Apprentice Pilot Certificate	\$90.00	Journeyman Pilot Certificate	\$90.00

- ☐ **Sign and Date** the renewal application form.
- ☐ **Enclose** a check/money order/credit card payment for the total amount due. **All fees are non-transferable and non-refundable.** Make payable to: **Cashier, Department of Pesticide Regulation.**
- ☐ **Mail** the payment, completed renewal application form, and all required documentation including the list of continuing education hours (classes) in the enclosed envelope to: Cashier, Department of Pesticide Regulation, P.O. Box 4015, Sacramento, California 95812-4015.

Questions? Your name and license/certificate number will be posted to DPR's web site as soon as your application is approved and logged into the database. Our web site address is <http://www.cdpr.ca.gov/docs/license/currlc.htm>. For other questions about your application, please contact the Licensing and Certification Program at (916) 445-4038.

September 2003

About the Licensing Fee Increase

Department of Pesticide Regulation/Licensing and Certification

Why are licensing fees being increased?

The California Department of Pesticide Regulation (DPR) licenses and certifies individuals and businesses that apply, sell, or recommend pesticides in California. DPR conducts about 4,000 examinations annually and issues or renews about 15,000 licenses, which are typically valid for two years. DPR also accredits more than 2,500 continuing education courses each year.

Fees associated with these activities ranged from \$15 to \$100. Most had not been changed for more than 15 years, and did not keep pace with the cost of doing business. An independent consultant retained by DPR in 2001 calculated the cost of licensing-related activities at \$1.7 million, with fee revenue covering only about half those costs. Moreover, there was no fee for some services (for example, certifying continuing education courses) that generated significant workload. The State Budget funding shortfall has made it difficult for DPR to upgrade the technology used to process licensing and renewal applications.

Under the new State Budget, the Department is primarily a fee-based agency, with most revenue drawn from fees on pesticide registrations, professional licenses, and from the mill fee (which is assessed on pesticide sales).

What will the new fees be?

Licensing fees are being raised only to a level necessary to support the program and to reflect an adjustment for inflation. The new fees range from \$25 to \$160. The application fee no longer includes the cost of taking an exam. There is now a fee for application and separate charges of \$50 for each examination. A \$45 fee is now levied for reviewing and approving continuing education courses. Penalties for late renewal of licenses and certificates have also been increased. *A summary of the new fee structure is on the other side of this handout.*

Will these fees change again?

The Legislature gave the Director authority in regulation to adjust fee rates as needed, using a standardized methodology and inflationary indicators.

How do I know what fees I should pay?

DPR applications and renewal forms will identify the fees. *Table 1*, on the other side, summarizes fee changes for individual licenses and certificates, *Table 2* for business licenses, and *Table 3*, the new fees for services for which no fee was previously charged.

For more information, contact California Department of Pesticide Regulation, Licensing and Certification Program, 1001 I Street, P.O. Box 4015, Sacramento, CA 95812, 916/445-4038. The program's direct e-mail address is LicenseMail@cdpr.ca.gov. You can also find more information on our Web site, www.cdpr.ca.gov, click the "Licensing and Certification" tab.

Licensing Fee Highlights

- ▶ *Most licensing fees have not changed for more than 15 years.*
- ▶ *Fees are being raised only to a level necessary to support the program and reflect an increase for inflation.*

Table 1: Summary of fee changes for individual licenses and certificates

License or certificate type	Application fee	Examination fee (for each exam taken or re-taken)*	2-year renewal	Late renewal penalty
Agricultural pest control adviser	\$80	\$50	\$140	\$70
Pest control aircraft pilot certificate	\$60	\$50	\$90	\$45
Pest control dealer designated agent license	\$25	\$50	\$50	\$25
Qualified applicator license	\$80	\$50	\$120	\$60
Qualified applicator certificate	\$40	\$50	\$60	\$30

* A separate fee will be charged for the Laws and Regulations exam and for each category requested.

Table 2: Summary of fee changes for business licenses

License type	Application	2-Year renewal	Late renewal
Pest control business, primary location	\$160	\$320	\$160
Pest control branch, for each location	\$80	\$160	\$80
Maintenance gardener pest control business	\$80	\$160	\$80
Pest control dealer, initial location	\$160	\$320	\$160
Pest control dealer branch, for each location	\$80	\$160	\$80
Pesticide broker license	\$110	\$220	\$110
Pesticide broker branch, for each location	\$60	\$120	\$60

Table 3: New fees for reissuing licenses and administration of continuing education

Notification of Change to Record of License or Certificate	
Changes that require reissuing a license or certificate, or issuing a duplicate license or certificate	\$20
Evaluation of Continuing Education Courses	
Evaluating continuing education courses, per course, per calendar year	\$45

For more information, visit our Web site, www.cdpr.ca.gov, or write us at LicenseMail@cdpr.ca.gov

VISA / MASTERCARD TRANSACTION



INSTRUCTIONS:

1. For conducting transactions using VISA or MasterCard only. No other cards are accepted.
2. Complete **ALL** cardholder information.
3. If you have any questions, please call the Licensing and Certification Program at (916) 445-4038.
4. Mail your completed application with this form to the appropriate address below:

Licensees:

ATTN: Cashier
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

Continuing Education Sponsors:

Cashier
ATTN: CE
Department of Pesticide Regulation
P.O. Box 4015
Sacramento, CA 95812-4015

5. **DO NOT FAX** this form to DPR

NAME OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)														CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard		TODAY'S DATE	
BANK CARD NUMBER (16 DIGITS)																BANK CARD EXPIRATION DATE	TOTAL AMOUNT OF PAYMENT \$.
																	TELEPHONE NUMBER ()

SIGNATURE OF CARDHOLDER (NAME APPEARING ON THE BANK CARD)

FOR PAYMENT OF:

NAME OF LICENSEE OR SPONSOR

MAILING ADDRESS (Street or P.O. Box Number)

(City, State, and ZIP Code)

(DEPARTMENT USE ONLY) - ENTERED ON POS BY:	TODAY'S DATE	DATE MAILED	BY
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INSTRUCTIONS

- For each approved course you have taken, enter following: (a) title; (b) I.D. code number; (c) location, (d) date(s) attended; and (e) hours completed. In the boxes in the lower right hand corner at the bottom of the page, enter the total number of hours you have completed for the current renewal period. If you are using a document other than this form as proof of continuing education, you do not need to return this form; however, **you must provide the same information as is required on this form.** Your continuing education document must be returned with your renewal application. If the information on this form or the document you submit is incomplete, the processing of your renewal application will be delayed.
- If you want to receive credit for a course offered by an accredited college or university, on a separate sheet of paper, include the following information: the accredited institution, the course instructor's name, the total hours you attended, a brief summary of the course topic, and a copy of your grade report or transcript listing the course or a verification of attendance signed by the instructor.
- Please do not submit application and fee unless continuing education hours have been completed. If you fail to complete the required minimum by December 31 of the expiration year because of insufficient continuing education hours, you must re-examine, but are not required to repeat the minimum qualifications (e.g. education or experience).**

APPLICANT NAME	CERTIFICATE/LICENSE TYPE	CERTIFICATE/LICENSE NUMBER
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CONTINUING EDUCATION COURSE INFORMATION

		Laws and Regulations (L)	Aerial Application and Techniques (A)	Ground Application and Techniques (G)	Other (O)	Total Course Hours (T)
1. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
2. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
3. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
4. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
5. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
6. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
7. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
8. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
9. COURSE/SEMINAR/CONFERENCE TITLE	I.D. CODE NUMBER	(L)	(A)	(G)	(O)	(T)
LOCATION (City and State)	DATE(S) ATTENDED					
Total Renewal Hours						

License/Certificate Renewal Information Request

Providing this information is optional

(Please complete the appropriate information below for your licenses/certificates)

A. LICENSE/CERTIFICATE HOLDER INFORMATION

Name: _____
First

Last

Home E-mail Address: _____

Home Telephone Number : _____

B. EMPLOYER/BUSINESS INFORMATION

Employer/Business Name: _____ Business Telephone Number : _____

Address: _____
City State Zip Code

C. TYPE OF EMPLOYER/BUSINESS (Please check the appropriate boxes)

- ☐ Currently inactive in pest control work.
- ☐ Work for governmental agency.
☐ City ☐ County ☐ State ☐ Federal
- ☐ Work for Special Government District.
☐ Irrigation District ☐ School District ☐ Mosquito Abatement ☐ Other: _____
- ☐ Work for a company that does its own pest control and does not offer its pest control services for hire to other persons.
- ☐ Work for or own a pest control Business (check applicable ones).
☐ Maintenance Gardener Pest Control Business ☐ Pest Control business (for hire) - Aerial
☐ Pest Control Business (for hire) - ground ☐ Manufacturing/distributing chemical company
☐ Farm management company ☐ Pesticide Dealer business
☐ Other: _____
- ☐ Independent agricultural pest control adviser

D. CLASSIFICATION OF PESTICIDES

Please indicate the classification of pesticide(s) you may recommend, use, sell or supervise the use of, by checking the appropriate box(es) below.

- ☐ Restricted Use Pesticides ☐ General Use Pesticides
☐ Both Restricted Use and General Use Pesticides ☐ Not involved with application or supervising the use of pesticides

E. COUNTY REGISTRATION INFORMATION

(Please indicate the county(ies) you will be working in by checking the appropriate box(es) below:

- | | | | | |
|--|--|---|--|---|
| <input type="checkbox"/> 1. Alameda | <input type="checkbox"/> 13. Imperial | <input type="checkbox"/> 25. Modoc | <input type="checkbox"/> 37. San Diego | <input type="checkbox"/> 49. Sonoma |
| <input type="checkbox"/> 2. Alpine | <input type="checkbox"/> 14. Inyo | <input type="checkbox"/> 26. Mono | <input type="checkbox"/> 38. San Francisco | <input type="checkbox"/> 50. Stanislaus |
| <input type="checkbox"/> 3. Amador | <input type="checkbox"/> 15. Kern | <input type="checkbox"/> 27. Monterey | <input type="checkbox"/> 39. San Joaquin | <input type="checkbox"/> 51. Sutter |
| <input type="checkbox"/> 4. Butte | <input type="checkbox"/> 16. Kings | <input type="checkbox"/> 28. Napa | <input type="checkbox"/> 40. San Luis Obispo | <input type="checkbox"/> 52. Tehama |
| <input type="checkbox"/> 5. Calaveras | <input type="checkbox"/> 17. Lake | <input type="checkbox"/> 29. Nevada | <input type="checkbox"/> 41. San Mateo | <input type="checkbox"/> 53. Trinity |
| <input type="checkbox"/> 6. Colusa | <input type="checkbox"/> 18. Lassen | <input type="checkbox"/> 30. Orange | <input type="checkbox"/> 42. Santa Barbara | <input type="checkbox"/> 54. Tulare |
| <input type="checkbox"/> 7. Contra Costa | <input type="checkbox"/> 19. Los Angeles | <input type="checkbox"/> 31. Placer | <input type="checkbox"/> 43. Santa Clara | <input type="checkbox"/> 55. Tuolumne |
| <input type="checkbox"/> 8. Del Norte | <input type="checkbox"/> 20. Madera | <input type="checkbox"/> 32. Plumas | <input type="checkbox"/> 44. Santa Cruz | <input type="checkbox"/> 56. Ventura |
| <input type="checkbox"/> 9. El Dorado | <input type="checkbox"/> 21. Marin | <input type="checkbox"/> 33. Riverside | <input type="checkbox"/> 45. Shasta | <input type="checkbox"/> 57. Yolo |
| <input type="checkbox"/> 10. Fresno | <input type="checkbox"/> 22. Mariposa | <input type="checkbox"/> 34. Sacramento | <input type="checkbox"/> 46. Sierra | <input type="checkbox"/> 58. Yuba |
| <input type="checkbox"/> 11. Glenn | <input type="checkbox"/> 23. Mendocino | <input type="checkbox"/> 35. San Benito | <input type="checkbox"/> 47. Siskiyou | |
| <input type="checkbox"/> 12. Humboldt | <input type="checkbox"/> 24. Merced | <input type="checkbox"/> 36. San Bernardino | <input type="checkbox"/> 48. Solano | |



California Environmental Protection Agency Customer Service Survey

One of Cal/EPA's objectives is to provide superior levels of customer service. Your feedback telling us what is going well and what needs improvement is essential to our success in our efforts to better serve you. Please take a moment to complete this survey. Thank you for your feedback.

—Winston H. Hickox, Agency Secretary

Service Provider: Department of Pesticide Regulation
Pest Management and Licensing Branch – Licensing and Certification Program

What was the nature of your contact with us? (Please check only one box)

- ☐ General Information ☐ Problem Resolution
☐ Technical Assistance ☐ Other: _____

STATEMENTS	Check (✓) As Appropriate			
	Strongly Agree	Agree	Disagree	Strongly Disagree
Staff was courteous and helpful.				
Staff provided complete, accurate information to you.				
A timely response was provided.				
My overall experience was positive.				
Please complete the section below if your contact with us involved permitting/licensing/registration assistance.				
The regulations were understandable.				
The application instructions were understandable.				
The permit/license/registration terms and conditions were understandable.				

Please indicate the name(s) of any staff person you would like to commend: _____

Comments:

If you feel we fell short in meeting your service expectations, please describe the situation, including name of the staff person involved and the date the incident occurred.

As a result of your experience with us, what service-related improvements can you recommend?

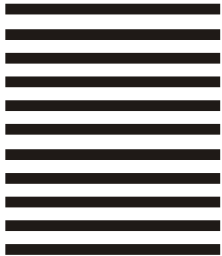
The energy challenge facing California is real. Every Californian needs to take immediate action to reduce energy consumption. For a list of simple ways you can reduce demands and cut your energy costs, see our Web site at www.calepa.ca.gov.

OPTIONAL

Your Name: _____
Your Title/Organization: _____
Telephone: _____
Address: _____



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

First Class Permit No. 5219 Sacramento, CA 95812

Postage will be paid by addressee

MR. WINSTON H. HICKOX
Agency Secretary
California Environmental Protection Agency
1001 I St. P.O. Box 2815
Sacramento, CA 95812-2815

Comments: _____

